

Orange Park Eye Center

Drs. Abshire, Hoffman, Hoffman, Bowman, Reed, Kawa, Hodges, & Hodges

Exceptional lifetime eye care

Financial Policy

In order to control the cost of billing, we ask that the patient's portion be paid at the time services are rendered. All professional services and materials are charged to the patient. No refunds will be given on glasses or contacts. The undersigned will ultimately be responsible for any bill incurred in this practice regardless of insurance. Accounts 90 days old are subject to collection fees. There will be a service charge added to any returned checks.

_____ (Initials)

Provider Claims

I authorize any holder of medical information about me to release to my insurance company any information needed to determine benefits payable for related services. Payment from my insurance company is to be paid directly to Drs. Abshire, Hoffman, Hoffman, Bowman, Reed, Kawa, Hodges, & Hodges. I understand that the insurance I provide will be billed as my primary insurance, and that any secondary insurance information should be given at the time services are rendered. I understand that all benefits quoted to me are not a guarantee of payment by my insurance company, and that final determination can only be made when the claim is processed. _____ (Initials)

Privacy Policy

I acknowledge that I have received a copy of Drs. Abshire, Hoffman, Hoffman, Bowman, Reed, Kawa, Hodges, & Hodges's Notice of Privacy Practices. I authorize Orange Park Eye Center to leave a detailed message to confirm my eye appointment. _____ (Initials)

Cancellation Fee

I understand a \$25 fee is charged for failure to give a 24-hour notice to reschedule or cancel an appointment. _____ (Initials)

Authorization to Release Medical Information

I authorize _____ (name) to have access to any of my records obtained at The Orange Park Eye Center.

Name _____

Signature _____

Date _____